

Governance and Technology for your health information exchange

Missouri Healthcare Information Technology Taskforce

Health Information Exchange May 24, 2006



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Agenda

- 1. History
- 2. Connecting for Health
- 3. Health Information Exchange Models
- 4. Lessons Learned



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About Browsersoft

- Established in 1998
- Corporate office in Lenexa, KS
- Focus:
 - J2EE Enterprise Application Development
 - Health Information Exchange Mendocino
 - Technical Subcommittee for CfH
 - HHS contract for NHIN



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History

- 1996 Community Health Information Networks (CHINS)
- 2003 HIPAA Standards
- 2004 President's Vision for health IT
- 2004 Office of the National Coordinator for Health Information Technology (Dr. David Brailer – ONC)
- 2005 ONC Prototypes for National Health Information Network
 - CSC
 - Accenture
 - Northrup Gruman
 - IBM



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History - continued

- 2005 ONC Announces NHIN Task Forces
 - HITSP
 - CCHIT
 - RDI
- 2006 200 plus formative RHIOs
- 2006 Connecting for Health demonstrates Interop / Exchange between Boston/Indiana/Mendocino at eHI in DC



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What is Connecting for Health (CfH)?

- Broad-based, public-private collaborative of more than 100 diverse stakeholders
- Founded and supported by Markle Foundation, with additional support from Robert Wood Johnson Foundation
- Purpose of Connecting for Health:

To catalyze changes on a national basis to create an interconnected, electronic health information infrastructure to support better health and healthcare



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CfH Areas of Focus

- 1. Technology Standards and Adoption
- 2. Policy Framework for Successful Implementation
- 3. Role of the Consumer

They all matter and they are all necessary



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CfH Prototype Goals

- Develop a <u>policy and technical framework</u> that enables information sharing to happen for high quality patient care while protecting the privacy and security of personal health information.
- Identify <u>what needs to be</u> common for interoperability and what does not.
- Design and develop the <u>documentation and the</u> <u>materials</u> for communities on issues such as access, control, privacy and security.
- Share and disseminate broadly in order to <u>continue to</u> <u>learn</u> !!!



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Connecting for Health: <u>Technology Principles</u>

- Make it "Thin"
- 2. Avoid "Rip and Replace"
- 3. Separate Applications from the Network
- 4. Decentralization
- 5. Federation
- 6. Flexibility
- 7. Privacy and Security
- 8. Accuracy



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Who Developed the Prototype and the Common Framework?

- Connecting for Health Steering Group
- Policy Subcommittee: Co-Chairs Bill Braithwaite and Mark Frisse
- Technical Subcommittee: Chair: Clay Shirky
- Three communities and teams:
 - Boston: MA-SHARE and technical partner CSC
 - Indianapolis: Regenstrief Institute and Indianapolis Health Information Exchange (IHIE)
 - Mendocino: Mendocino HRE and technical partner Browsersoft, Inc



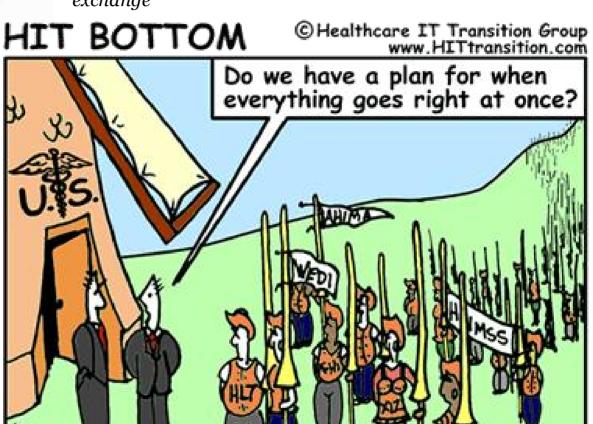
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What is the Common Framework?

 A secure nationwide health information exchange network will be enabled by the general adoption of a set of specific, critical tools, including technical standards for exchanging clinical information, explicit policies for how information is handled, and uniform methods for linking information accurately and securely.



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Health Information Exchange Models

- Federated decentralized approach to data storage, virtual patient record
- Centralized data repository approach
- Hybrid combination of Federated and Centralized, co-located data



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Infrastructure Common Components

- The Record Locator Service (RLS) can provide a cross-system enterprise-wide Master Patient Index (MPI).
- The Record Exchange Service (RES) is used to quickly and securely provide data exchange between disparate health records systems.
- The Authentication and Access Control Service (AACS) is a security service with web-based Administration.



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Lessons Learned

- All communities are different and the same leverage existing work
- Big Bang theory big bust
- Governance is a slow process
 - Data Sharing agreements
 - Opt in/Opt out
 - Centralized repositories
- Interoperability and workflow is critical
- Standards are evolving HITSP



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Questions?

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